Summary of Verification – Free and Reduced-Price School Meal Applications

Earlier Deadline - The verification process must be completed <u>and</u> returned to School Nutrition Programs by **November 15, 2012**
Please see Verification Instructions for further details

School District_____Agreement Number___ ___ - ___ ___ ___ ___

Number of Sites Operating the Lunch Program_____   Enrollment _____

<u>Check One</u>   Public School _____   Private School _____   RCCI with day students _____

Eligibility Information as of October 1, 2012

Report the number of students and applications approved for <u>each</u> eligible category *Each student can only be counted in one category*	# Students	# Applications
1. Total Free Eligible Students (1.a. + 1.b. + 1.c.)		
a. Students approved as **Free Directly Certified** who are <u>not</u> subject to verification such as certified **students** *from SNAP Reports*, homeless, migrant, runaway or administrative.		
b. Number approved as **Free Categorically Eligible** based *only* on **case number submitted on application** (SNAP, TANF, FDPIR), **SNAP letters** or **Foster Care.** *Do not include Directly Certified students found on SNAP report as Categorically Eligible*		
c. Number approved as **Free Eligible** based on **income/household** size information submitted on an application		
2. Number of **Reduced-Price** Eligible		
3. Total **applications** eligible for verification: **(1.b + 1.c. + 2)** =		

Type of Verification Sampling: *LEAs with less than 80% response rate during the previous year **must use** error-prone; LEAs with greater than 80% response rate during the previous year **may use** random or focused.*

☐ **Random:** Use the number of <u>applications</u> in #3 above: _____ x 0.03 = _____ (round all decimals up). Select applications randomly.

☐ **Error Prone:** Use the number of <u>applications</u> in #3 above _____ x 0.03 = _____ (round all decimals up). Select from error-prone applications (those within $100/month of the income eligibility guidelines).

☐ **Focused:** For applications based on income, add numbers 1c and 2 above ____ x 0.01 = ____. Select from applications within $100/month of the income eligibility guidelines. For applications based on case numbers, use the # in 1b above____ x 0.005 = ____. Select from applications with case numbers.

☐ **None:** Your Local Educational Agency (LEA) is exempt from verification.

Household Results

Report the number of <u>applications</u> and <u>students</u> verified by category type. *Do not verify students listed in 1a.*		Free Categorically Eligible based on case # on application/Foster Care	Free Eligible based on income	Reduced-Price Eligible
4. Responded and No Change	# Applications			
	# Students			
5. Responded and Changed to Free	# Applications			
	# Students			
6. Responded and Changed to Reduced	# Applications			
	# Students			
7. Responded and Changed to Paid	# Applications			
	# Students			
8. Did Not Respond, Changed to Paid	# Applications			
	# Students			

_____   _____
                  Signature of School District Official   Date Completed **(due by November 15)**

Late submissions beyond the November 15 deadline will require a written request for an extension to OPI, School Nutrition Programs. A Verification Deadline Extension Request form is available on our website. OPI may approve, in writing, an extension up to December 15 of the current school year due to natural disaster, civil disorder, strike or other circumstances that prevent the district from the timely completion of verification activities. *A request for an extension beyond December 15 must be submitted by OPI to the USDA for approval.*